
State: District of Columbia **First Filing Company:** Great American Insurance Company, ...
TOI/Sub-TOI: 17.1 Other Liability-Occ Only/17.1001 Commercial General Liability
Product Name: SMIC Sports and Recreation Participants RPG
Project Name/Number: SMIC Sports and Recreation Participants RPG/18075

Filing at a Glance

Companies: Great American Insurance Company
Great American Assurance Company
Great American Insurance Company of New York
Great American Alliance Insurance Company

Product Name: SMIC Sports and Recreation Participants RPG

State: District of Columbia

TOI: 17.1 Other Liability-Occ Only

Sub-TOI: 17.1001 Commercial General Liability

Filing Type: Form

Date Submitted: 05/02/2018

SERFF Tr Num: GACX-131482056

SERFF Status: Closed-APPROVED

State Tr Num:

State Status:

Co Tr Num: 29-0350 18075

Effective Date: 06/01/2018

Requested (New):

Effective Date: 06/01/2018

Requested (Renewal):

Author(s): Ed Fox

Reviewer(s): Carmen Belen (primary)

Disposition Date: 05/03/2018

Disposition Status: APPROVED

Effective Date (New): 06/01/2018

Effective Date (Renewal): 06/01/2018

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General Information

Project Name: SMIC Sports and Recreation Participants RPG Status of Filing in Domicile: Pending
Project Number: 18075 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 05/03/2018
State Status Changed: Deemer Date:
Created By: Ed Fox Submitted By: Ed Fox
Corresponding Filing Tracking Number:

Filing Description:

On behalf of Great American Insurance Group, enclosed for your review is one new RPG Certificate of Coverage for use with a currently registered risk purchasing group in your state.

The new form being introduced is as follows:

Certificate of Coverage F.36270 Ed. 05/18 – This Certificate of Coverage will be issued to each Certificate Holder along with a copy of the Master Policy.

Company and Contact

Filing Contact Information

Ed Fox, Sr. Compliance Filing Analyst	efox@gaig.com
49 Easth 4th Street	513-333-6950 [Phone]
Cincinnati, OH 45202	513-333-6996 [FAX]

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Filing Company Information

Great American Insurance Company	CoCode: 16691	State of Domicile: Ohio
301 E. 4th Street	Group Code: 84	Company Type:
Cincinnati, OH 45202	Group Name: Great American Insurance Group	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 31-0501234	

Great American Assurance Company	CoCode: 26344	State of Domicile: Ohio
301 E. 4th Street	Group Code: 84	Company Type:
Cincinnati, OH 45202	Group Name: Great American Insurance Group	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 15-6020948	

Great American Insurance Company of New York	CoCode: 22136	State of Domicile: New York
301 E. 4th Street	Group Code: 84	Company Type:
Cincinnati, OH 45202	Group Name: Great American Insurance Group	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 13-5539046	

Great American Alliance Insurance Company	CoCode: 26832	State of Domicile: Ohio
301 E. 4th Street	Group Code: 84	Company Type:
Cincinnati, OH 45202	Group Name: Great American Insurance Group	State ID Number:
(513) 369-5000 ext. [Phone]	FEIN Number: 95-1542353	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Carmen Belen	05/03/2018	05/03/2018

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Disposition

Disposition Date: 05/03/2018
Effective Date (New): 06/01/2018
Effective Date (Renewal): 06/01/2018
Status: APPROVED

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Readability Certificate	APPROVED	Yes
Supporting Document	Consulting Authorization	APPROVED	Yes
Supporting Document	Copy of Trust Agreement	APPROVED	Yes
Supporting Document	Expedited SERFF Filing Transmittal Form	APPROVED	Yes
Supporting Document	Explanatory memorandum	APPROVED	Yes
Form	CERTIFICATE OF COVERAGE	APPROVED	Yes

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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	APPROVED 05/03/2018	CERTIFICATE OF COVERAGE	F.36270	(Ed. 05/18)	CER	New		59.000	(1) CW PAC RPG Certificate of Coverage - Blank (002).pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

CERTIFICATE OF COVERAGE

This certificate of coverage, together with the attached master policy and any endorsement(s) constitute the policy issued to the Certificate Holder. Any coverage listed below is subject to the terms, conditions and limitations set forth below and in the master policy referenced.

POLICYHOLDER NAME AND ADDRESS:

CERTIFICATE HOLDER NAME AND ADDRESS:

ITEM 1. COVERAGE PERIOD: Effective: To:
At 12:01 A.M. Standard Time at The Address of the Certificate Holder
CERTIFICATE NUMBER:

ITEM 2. INSURER

MASTER POLICY NUMBER

ITEM 3. AGENTS NAME AND ADDRESS

ITEM 4. SCHEDULE OF CHARGES

Total Premium (If Applicable):

Premium: \$ Charged By Insurance Company

Disclosure Regarding Shared Limits. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or Certificate of Coverage.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or Certificate of Coverage.

ITEM 5. SCHEDULE OF CASUALTY COVERAGE AND LIMITS OF INSURANCE:

ITEM 7.

IMPORTANT COVERAGE NOTES & ADDITIONAL TERMS, CONDITIONS & EXCLUSIONS:

The "Certificate Holder" must notify us if there is a change in operations or exposures, which increases the insurance company's risk of loss.

In consideration of the premiums paid by the "Certificate Holder", this policy provides coverage as set forth in the Certificate of Coverage. Coverage only applies to "Certificate Holders" for whom coverage has been placed in this program and by whom the premiums have been paid. Coverage does not apply to the "Policyholder".

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Supporting Document Schedules

Satisfied - Item:	Readability Certificate
Comments:	Please see forms tab
Attachment(s):	
Item Status:	APPROVED
Status Date:	05/03/2018

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	APPROVED
Status Date:	05/03/2018

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	APPROVED
Status Date:	05/03/2018

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	APPROVED
Status Date:	05/03/2018

Satisfied - Item:	Explanatory memorandum
Comments:	
Attachment(s):	Explanatory Memoradum - Blank Certificate of Coverage.pdf
Item Status:	APPROVED
Status Date:	05/03/2018

**Great American Insurance Company
Great American Assurance Company
Great American Alliance Insurance Company
Great American Insurance of New York**

Other Liability

Explanatory Memorandum

Overview

On behalf of Great American Insurance Group, enclosed for your review is one new RPG Certificate of Coverage for use with a currently registered risk purchasing group in your state.

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